

NCCC REQUIRED SCREENING QUESTIONNAIRE

To comply with NYS Standards all employees, students, and visitors must complete the following questionnaire before entering campus.

Name:

Phone Number:

(XXX-XXX-XXXX format)

1. Have you experienced any of the following symptoms in the last 14 days?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Yes

No

2. Have you tested positive for COVID-19 in the last 10 days?

Yes

No

3. Have you had close or proximate contact with confirmed or suspected COVID-19 case in the past 14 days?

Yes

No

4. For students, faculty and staff only: Are you fully vaccinated against COVID-19?

Yes

No

N/A

Signature: _____